

PLUMAS COUNTY

CHILDREN AND FAMILIES COMMISSION



STRATEGIC PLAN

JULY 2000 – JUNE 2001

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A. Mission/Vision/Guiding Principles**Vision**

All Plumas County children will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become productive, well-adjusted members of society.

Mission

Develop and implement a comprehensive high-quality, community-based, county-wide system of continuous prevention, early intervention, and early childhood development services to improve environments critical to the health and well being of young children prenatal to age five and their families.

Through the integration of health care, quality childcare, education, and other effective programs, families, children and caregivers will be provided with the tools necessary to foster secure, healthy and loving environments. These positive environments will lay the emotional, physical, and intellectual foundation for every child to reach his/her potential.

Guiding Principles

- Focus on policy level issues and decisions
- Be fair and open in decision making
- Be accountable to the public for achieving planned outcomes
- Promote and fund high quality programs and services
- Rely on research based and proven models
- Develop programs that are culturally competent and linguistically appropriate
- Promote integration of services through local points of access that are convenient for families
- Focus on sustainability
- Leverage funds to maximize community resources and program support
- Make funding decisions based on clear proposal and rating criteria, each proposal's relationship to the Plumas County Children and Families Commission purpose, goals, and outcomes, compelling community needs, and programs and services that document meaningful outcomes
- Be guided by community input

B. Strategic Plan Highlights

Methodology

Community Assessment

Targeted Outcomes

Goals and Objectives

Advertising and Promotion

Implementation Plan

Staffing

Resource Allocation Plan

Evaluation

Inclusion

Plan for Ongoing Development of Plumas County Children and Families Commission

Goals and Objectives

Summary

The Strategic Plan represents a powerful and unified statement of focused direction and purpose. Based on available data and extensive community input, it reflects a serious and sensitive assessment of the current status of children under five years of age in the County and their families. Significantly, it includes a community based implementation process that addresses identified needs, and programs that will build on or expand successful and responsive efforts already in place.

It is only an initial plan, one that will be further refined and enhanced based on an evolutionary and ongoing process of listening, researching, analyzing and evaluating. Further development and refinement of critical performance indicators and measures has already begun, along with planning for allocating funding to specific initiatives within the more general funding categories. However, one commitment will remain firm and unchanging - that as the Commission proceeds in this challenging and complex endeavor, it will remain keenly fixed on "Children and Families."

A. Background

California voters passed Proposition 10, the California Children and Families First Act in November of 1998. The Act provided for an excise tax on tobacco products including fifty cents per pack tax on cigarettes. The monies collected are to be used to fund parent education, health and child care programs and services that promote early childhood development from prenatal to age five.

The Plumas County Children and Families Commission (PCCFC) began a detailed planning process in November 1999. The coordinator's work with Commission members initially focused on the following elements:

- **Infrastructure development** to establish an operational framework within which to execute project planning and implementation
- **Research** to identify documented community needs and assets
- **Community outreach** to explain Proposition 10 Legislation and the goals of PCCFC, to explain the strategic plan development process to the public, to obtain input from community members on community needs and community assets
- **Strategic Plan Development** to construct a blueprint for program and service-delivery outlining both short-term and long-term objectives

B. Infrastructure Development

PCCFC infrastructure development and planning process included the following:

- Developing a comprehensive work plan
- Developing staffing plans, hiring staff, contracting for necessary consultants
- Obtaining office space and developing systems
- Setting up a children and families trust account
- Developing bylaws
- Developing committee structure
- Linking with the State Commission
- Passing the County Ordinance establishing the Children and Families Commission and subsequent amendments
- Selecting the 9-member Commission
- Investigating investment options

B. Infrastructure Development - Cont'd

Initially, five PCCFC Commissioners were seated. Four additional members were selected after development of a position description and application, and extensive outreach to potential Commission candidates. Seven well-qualified candidates applied. From these applicants, a five member panel of Commission members carefully reviewed the applications and recommended four candidates for Community Commission slots. The Board of Supervisors appointed the recommended members on May 9, 2000.

C. Research Review

The PCCFC coordinator and Commissioners worked with their outside consulting firm to collect a great deal of information primarily through secondary resources. This included the development of a comprehensive county-wide needs matrix consisting of some 124-targeted data elements for the years 1996, 1997, and 1998. Detailed results are located in Appendix A.

A comprehensive community specific asset matrix consisting of some 171-targeted data elements for the years 1996, 1997, and 1998 was also developed. Detailed results are located in Appendix B.

D. Community Outreach

Input was obtained from community members about community needs, community assets and service gaps congruent with the Children and Families Initiative. Strategies employed to garner community input are described below. Source documents from these efforts are summarized in the Appendices C and D.

1. **Community Convenience Survey** - A survey was conducted to obtain supplementary community input regarding perceived community needs, assets and service gaps. Results of that survey were supplemented with results from a community outreach questionnaire conducted among residents. Complete findings from the Community Convenience Survey may be found in Appendix E. Highlights of Community Convenience Survey may be found in Section III D & E.

D. Community Outreach - Cont'd

2. **Focus Groups** - A series of focus groups were held throughout Plumas County. Members of the PCCFC sponsored the focus groups in four communities, which included: Lake Almanor Basin, Eastern Plumas (including Graeagle/Mohawk), Indian Valley, Quincy/Meadow Valley. Complete findings from the Focus Groups may be found in Appendix F. Highlights of the Focus Groups may be found in Section III F & G.

E. Strategic Plan Development

Beginning January 2000, the PCCFC coordinator, selected PCCFC Commissioners, and an outside consulting firm met to review data and create this plan. Out of this process, with additional input from the County Commission, the Plumas County Children and Families Strategic Plan was formatted. The full complement of Commissioners discussed the data and community findings then set the direction of the goals and objectives. The plan was put into the community for public comments. The final document was forwarded to the Plumas County Board of Supervisors and to the State.

A. Background

The first steps in developing the PCCFC Strategic Plan were to define critical needs of children and families in Plumas County, existing assets to meet those needs, and identify service gaps. This needs assessment, asset assessment, and gap analysis provided a rational basis for developing program and service delivery strategies that maximize existing services and are not duplicative.

Needs Assessment - Three sources of information were included in the community needs assessment. First, secondary data resources were reviewed to surface community needs that are priorities for Plumas County Children and Families Commission. The second source of information included responses to a community convenience survey distributed at post offices, Plumas Children's Network offices, and other selected locations in all five county communities. A copy of the survey instrument is located in Appendix C. The third and final source of community needs data was focus groups. Focus Groups were conducted in all four Plumas County communities. A copy of the Focus Group documents are located in Appendix D.

Asset Assessment - Three sources of information were included in the community asset assessment. First, Commission members were asked to provide input regarding perceived assets in the five Plumas County communities that would support the priorities of Plumas County Children and Families Commission. The second source of asset data was the convenience survey described above. A section in the convenience survey was devoted to obtaining input from community residents on their perception of local assets. The third and final source of community needs data was focus groups conducted in four Plumas County communities. Asset data was captured as part of the focus group process utilized to gather community needs input.

What follows are highlights from the community needs and asset assessments, and resultant service gaps on a county-wide basis.

B. Community Needs Highlights**Secondary Data**

The data and numbered questions are located in Appendix A, the highlights of which are:

- The numbers of reports of child abuse or neglect appear to be too high for the population. (Question 19)
- The percentage of children without health insurance appears to be high. (Question 27)
- It appears that the number of center based programs and slots for children 0-5 is declining. (Question 41)
- It appears that the number of slots for preschool age 2-5 in child care centers is declining. (Question 44)
- The number of requests for child care appears to be flat. (Question 47)
- There appears to be an excessive waiting list for subsidized child care slots. There were 206 on the waiting list in 1998. (Question 55)
- The percentage of women who receive prenatal care in the first trimester has remained flat from 1996 through 1998. (Question 67)
- The number of health providers who refer or screen infants and children for impairments of vision, hearing, speech and language or other developmental milestones may be unacceptable and requires further investigation. (Question 72)
- The number of primary care providers who are trained to screen for mental health problems for all ages appears to be low. (Question 121)
- The number of primary care providers who are trained to make referrals for parent training on mental health needs of children appears to be low. (Question 122)
- The number of primary care providers who include assessment of cognitive, emotional and parent-child functioning with appropriate counseling, referral and follow-up appears to be low. (Question 123)

Detailed results are located in Appendices A, B and E.

C. Community Assets Highlights**Commission Member Input**

The highlights for the assets available in all of Plumas County's communities (Lake Almanor Basin, Indian Valley, Eastern Plumas, and Quincy/Meadow Valley) were developed based on input from the Plumas County Children and Families Commission. The following is a listing of the Commission's perceptions of assets available in all five communities.

- All communities offer parenting classes, usually once per week.
- All communities provide home-based programs through Plumas Rural Services Family Focus Network
- All communities have accident prevention programs
- Prenatal home visiting programs provided by Plumas County Public Health Agency's Prenatal Outreach are available in all communities.
- The Alcohol & Drug Program coordinates service for substance abusing families for all communities.
- WIC (Women, Infants, and Children), Plumas County Public Health Agency, and Alcohol and Drug programs are involved in outreach.
- Nutrition education to family childcare providers is provided through Childcare Family Provider. WIC (Women, Infants, and Children) offers prenatal-to-5 nutrition education and supplemental foods.
- Plumas Rural Services Family Focus Network and the Domestic Violence Shelter provides services for pregnant teens in abusive relationships. The Plumas County Public Health Agency Teen Warm Line is another program for teen parents.
- Health clinics are available in all towns and are easily accessible to pregnant teens.
- Almanor Basin Community Resource Center, Welfare to Work, the Domestic Violence Shelter, and WIC (Women, Infants and Children) are outreach for Cal WORKS
- Existing Family Resource Centers include Almanor Basin Community Resource Center; Plumas Children's Network of Indian Valley; Plumas Crisis Intervention and Resource Center, and Portola Healthy Start.
- Family Focus Network Home Visiting Curriculum offers parenting skills development.

C. Community Assets Highlights - Cont'd**Commission Member Input, cont'd**

- Childcare is available for adults in training in all communities.
- Family Focus Network, the Domestic Violence Shelter and Plumas Crisis Intervention & Resource Center provide support groups for women.
- Plumas County Departments, Plumas Unified School District, Plumas County Arts Commission, the City of Portola and Child Abuse Prevention Council provide: Children's Fair/ Railroad Days/ County Fair/ Indian Days/ Community Picnics/ Red Ribbon are outreach events for young families.
- Alcoholic Anonymous, Alanon, Alateen, and Anger Management at Plumas County Mental Health are support groups for parents.
- Hotlines and/or warmlines are available in all communities.
- A mental health consultation is available to young children in all communities.
- The Child Development Training Consortium provides reimbursements to students; permits stipends and professional growth advisors.
- Mentoring is available in all communities for Child Development Students.
- Workshops are offered by Childcare Resource and Referral.
- Stipends for training are available through the Child Care Planning Council.
- The Mentor Program at Feather River College is available as a network for Child Development Centers.
- CHDP/ CCS/ MCAH/ PCN are community-based efforts to promote utilization of health services.
- CHDP/ CCS/ MCAH/ PCN provide assistance in enrolling children in state health insurance programs.
- CHDP/ CCS/ MCAH/ PCN provide assistance in enrolling pregnant women in state health insurance programs.
- Education is provided to pregnant women about the harmful effects of alcohol, tobacco and other drugs through the Alcohol & Drug Prenatal Program, and WIC (Women, Infants and Children).
- WIC (Women, Infants and Children) clinics are available in all communities with the exception of Mohawk.
- Communication efforts to promote utilization of health services for timely assessment and treatment of children with disabilities or delays are available in all communities. After children are in infant/preschool programs, weekly or semi-monthly home visits are where communication happens.

C. Community Assets Highlights - Cont'd

Commission Member Input - cont'd

- Early intervention services for high-risk families (teen parents, parents who have mental health impairments or developmental disabilities, parents with substance abuse problems) are provided the same except for individual services identified in the IFSP or IEP/ MDT for multidiscipline teams for children coordinated by Child Protective Service.
- Plumas County Mental Health referrals in all areas and Alcohol & Drug Prenatal Program.
- Through WIC (Women, Infants and Children) and Plumas County Public Health Agency parents are educated about environmental hazards that affect the health of children i.e. lead, home, safety.
- Parent education on the effects of alcohol and drugs is available through the Alcohol & Drug Prenatal Program.
- The Alcohol & Drug Prenatal Program provides treatment programs tailored to pregnant women and parents with small children.
- Domestic Violence Shelter provides injury prevention information.
- Coordination between mental health and physical health, education and child welfare services is provided by (1) "Mini Terms" when children are identified as customers of other services/ children's multidisciplinary team (all are part except Physical Health Care) and (2) Mental Health who is required to coordinate with and consult with physical health care providers when cases are confidential.
- Mental Health makes Medi-Cal eligible children and parents aware of services in the EPSDT.

D. Convenience Survey Highlights (Needs/Gaps)

The data in the following tables illustrates the participating community members' perceived needs.

Community - Indian Valley		
Category 1 - Childcare services and child development services	Category 2 - Parent education and support services	Category 3 - Child health services
<ul style="list-style-type: none"> • After school program, winter sports program • Updated library • Put out information to inform people of services • Need more preschools like the one in Crescent Mills • Child care, pre school for low income • Better park • Need more child care (mentioned many times) • Services to native Americans • Hard to find child care on short notice • More school nurse support for special education students • More parks for young children • In-home services for children and families • Big brother/big sister program • Transportation from Greenville to Taylorsville 	<ul style="list-style-type: none"> • More advertisement • Equal treatment with Quincy • More awareness of services • More parent attendance at workshops • Mandatory counseling for low income families • Parent involvement in community needs • Community involvement in goals setting • Parent support other than WIC • More health support through the schools • Not enough activities for children • Literacy programs, job enhancement • Need college classes for parents 	<ul style="list-style-type: none"> • Motivate families to focus on services • More doctors and school staff experienced in ADD/ADHD, crack babies, and a good referral system for treatment • More mandatory reporters • Reduced payment plan for medical coverage • Support from other resource programs • Prenatal care, OBGYN's, a local birthing place • Parent training on IDEA • Head lice in schools • More mental health services • Getting information to parents • Need help intervening with families at schools related to health issues such as head lice, poor hygiene, disruptive behavior • Weekend health services other than the emergency room • More alternative medicine information resources • PCN needs to be more visible

D. Convenience Survey Highlights (Needs/Gaps) - Cont'd

Community - Quincy/Meadow Valley		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • Infant care, after school program • Need more child care providers (mentioned many times) • Intensive program for child care providers • More parent groups • Not enough child care providers • Need early AM care • After school activities • Poor employment opportunities • PRS program to screen and hire child care providers • Chat sessions • More day care centers • More subsidized child care • In home respite services • More child care after 5:30 PM • Not enough slots for after school care • Lack of Spanish speaking child care providers • More center based programs, programs for children with special needs • Legal services 	<ul style="list-style-type: none"> • More family oriented activities • Parent support groups, retreats, weekend retreats, ropes course • More classes and groups for men • Agency support for workshops, good workshop attendance • Agency cross referral • Advertising for mental health services in schools • Awareness • Health and dental care for middle to low income • Transportation • Support from new and teen parents • Library resource and referral needs promotion • Education classes during the day and on weekends • More health services • Dental Education 	<ul style="list-style-type: none"> • No local pediatrician or pediatontist • Program to ensure health coverage for school aged children • More specialized services • More funding for car seat program to extend into the future • More services (health and dental) for middle income families • Specialized pediatric care • Healthy kids needs to be more comprehensive • Anger management • More Spanish services • Child care for Tuesday night WIC group • Better emergency services • No access to sedation for very young, very severe, or special needs dental patients • More direct mental health services for young children

D. Convenience Survey Highlights (Needs/Gaps) - Cont'd

Community - Mohawk/Graeagle		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • After school care • After school activities • Need more social activities • Need a year-round all day preschool • Need more preschools and child care providers • Lack of infant and toddler care • Safe transportation 	<ul style="list-style-type: none"> • Children are going hungry • More mental health services for single mothers and children • Need more group activities to stimulate positive growth in adults • Computer training 	<ul style="list-style-type: none"> • Food, health education needed • Latch key • More publicity • More clinics are needed

Community - Lake Almanor Basin		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • Waiting lists for childcare services • Too many on waiting list for services • Need more educated, positive, quality childcare providers • Medical benefits for families • Need help for low income families • Replicate Quincy services in all communities • Consistent agency staff • Training for providers • Lack of infant care • Access to resources including the internet • Need Alateen and NA 	<ul style="list-style-type: none"> • Low attendance to family workshops • More classes at ABC center • Transportation between Plumas and Lassen counties • More parent educators • Short staff in alcohol, drug, and probation departments • Training in time management and budgeting • Women's support group • Sports clinics for kids • Parent's hotline 	<ul style="list-style-type: none"> • Must travel outside the area for services • Not enough doctors • Redundant paperwork throughout agencies • More childcare • More childcare facilitators • Nutrition education for parents and children • Support for family resource center • More hours at clinic

D. Convenience Survey Highlights (Needs/Gaps) - Cont'd

Community - Eastern Plumas		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none">• Infant care, special needs care• Need certified day care• Parenting classes• Homework club• Not enough licensed day care providers• Need a full-time preschool• Childcare licensing is too expensive• Children are unattended at centers• More after school services• Day care	<ul style="list-style-type: none">• Parents' rights, knowledge about available services• Expanded opportunities at FRC• Parenting classes• Job fairs• Classes tied to job creation• More mental health services for single mothers and their children• Getting the word out about available services	<ul style="list-style-type: none">• Cost for services if you don't have insurance• Dental hygiene talks at the schools• Limited access to health care, specialist services are provided in larger areas• More activities for kids• Get some help for starving children whose parents have drug and alcohol problems• People are not eligible for Healthy Families but are eligible for Medi-Cal

E. Convenience Survey Highlights (Assets)

The data in the following tables illustrates the participating community members' perceived assets.

Community - Indian Valley		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • Adequate child care and child development services • Sub and paid child care • WIC, IV preschool, GES kindergarten • Home based child care • Crescent Mills preschool • Healthy Start • PRS, Toy Library, R & R, all in Quincy • State funded preschool • After school program, Healthy Start • Stepping Stones • Sue's DaVinci Center • Counselor • Parks and recs, girl scouts, boy scouts • After school program • Small personal play groups • Early childhood intervention intervention • CAP council, crisis intervention • CPS family maintenance, family focus • Churches and Roundhouse Council 	<ul style="list-style-type: none"> • Medical, Plumas county Social Services, churches • Workshops/programs sponsored by Healthy Start • Kandi Whitley and Kristy Brown • Family workshops • WIC • County mental health counseling • Parenting education • Promotion of parenting classes • Literacy programs, job enhancement • PCN • DaVinci center • PRS, Healthy Start, Crisis Intervention • Community forum • Mountain Circle 	<ul style="list-style-type: none"> • WIC, Healthy Start • Medical, Plumas County Social Services, churches • Clinics, availability of services • Health department immunizations • Greenville Rancheria • Dentist in town • Health Department • Doctors, clinic, the hospital, school health screening • Low cost medical and food services • Car seat program

E. Convenience Survey Highlights (Assets) - Cont'd

Community - Quincy/Meadow Valley		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • A variety of child care settings • PRS childcare program, Latch key program, FDW provided by PCIRC • Family Focus Network, parenting classes • PRS, Childcare R & R • Good childcare providers/services (mentioned many times) • FRC/CDC • Preschool services • Video sessions for parents to develop strong skills • Head start • FRC child development classes • Respite • Far Northern Regional Center • WIC • Crisis center/intervention • Cal works • Healthy start • State preschool • Training opportunities • Women's support groups • Infant massage class • Toy library 	<ul style="list-style-type: none"> • FDW • Parenting classes/education (mentioned many times) • PCIRC • Women's support groups • FRC/CDC • Head start • Plenty of services at FRC • Family focus • Family services workers, direct support • In home services • Social services, health department • Quincy Natural Foods workshops • Good PTA • Mental health • Law facilitator, family law center • Library resource and referral • Family town 	<ul style="list-style-type: none"> • Communication through all resources • Nice health care, all medical in one place • Clinics for low income families • WIC, Health department programs for children and infants • Medical, Head start • Clinics • Good support staff in doctors' offices • Healthy start, Plumas Unifies state preschool, Far Northern • Car seats, immunization, CHDP, WIC • Dr. Pearson

E. Convenience Survey Highlights (Assets) - Cont'd

Community - Mohawk/Graeagle		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • Latch key • After school program • Healthy Start • Head Start • Co-op preschool • Graeagle preschool • Volunteer parents 	<ul style="list-style-type: none"> • Therapy • WIC • Church 	<ul style="list-style-type: none"> • Healthy family Program, WIC, Plumas County Health Department • Portola Clinic

Community - Lake Almanor Basin		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none"> • WIC program helps a great deal • Some childcare resources and referral, training for providers • After school program • Hear a lot of good things about SPICE • Wonderful strengths in childcare • Good childcare, good schools • State supported pre-school and after school programs are excellent • PRS AP program is a godsend • Public library, ABC, and Northwoods Gallery programs are good 	<ul style="list-style-type: none"> • Have enjoyed services in the past • Social luncheons and dinners • Good parenting classes at the ABC center • The mentor program • Many sports activities for really young children • A lot of WIC classes are helpful • Various women's support/parenting groups are great 	<ul style="list-style-type: none"> • The ABC center has a lot of great services • The new Healthy Families Program • Good physicians/facilities • The clinic provides many wonderful services • Wonderful county for services

E. Convenience Survey Highlights (Assets) - Cont'd

Community - Eastern Plumas		
Category 1 - Childcare Services and Child Development Services	Category 2 - Parent Education and Support Services	Category 3 - Child Health Services
<ul style="list-style-type: none">• Program through Head Start, Rural Services, FRCCCC, latch key• PRS R&R, latch key after school program• New Directions• Enough child care providers• After school care• Head Start is working well• PRS child development AP program	<ul style="list-style-type: none">• Lots of programs• Classes at Healthy Start, PRS, Head Start• Expanded opportunities at FRC, Computers in Our Future• Parenting classes at Healthy Start• Computer center is great• Parenting classes	<ul style="list-style-type: none">• WIC healthy start, Healthy Families, on site school nurse, health programs• Portola Dental Clinic, Health Clinic• Availability of family resource center for information• WIC• Mandatory immunizations for schools• Screening program• CHDP, Healthy Families,

F. Focus Group Highlights (Needs)

The data in the following tables illustrates the participating community members' perceived needs.

Community - Indian Valley	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child care and early education: • Continuity and sustainability of Services • Pre-school with enrollment open to all income levels • Community Center site for additional pre-school for Indian Valley (multi-use facility) • Perceived large number of children living in poverty • Issues with inappropriate material on television • Playground facilities for preschoolers in community • Connecting young people with resources • Teen parent program at high school with accompanying childcare center 	<ul style="list-style-type: none"> • Child care and early education: • Funding • Facility and program/staff funding • Site/facility and funding • More employment opportunities for parents and teens • Inappropriate (violent, sexually explicit) movies and information • Age appropriate recreational resources • Making resources more visible • Teen parent program at high school with accompanying childcare center
<ul style="list-style-type: none"> • Parent education & support services: • Connecting resources with clients - overcoming barriers of distrust • Life skills curriculum for high school students emphasizing parenting skills • Mentoring for teen parents • Teen parent program at school with accompanying child care center • Child health and wellness: • Life skills curriculum for high school students emphasizing parenting skills • Centrally located community center where everyone feels comfortable • Swimming pool/instruction • Pre-natal care • Recreation facility that could also be used as day-care center • Connecting young people with available services • Perceived large number of local children living in poverty • Centrally located service center 	<ul style="list-style-type: none"> • Parent education & support services: • Clients who have learned to distrust social service agencies • Lack of knowledge in this area • Lack of information seeking skills • Need for greater support of teen parents • Child health and wellness: • Lack of knowledge in this area • Funding • Winter activity--water safety skills, swimming facilities • Lack of pre-natal specialists • Multi-use community center • Making services available • More employment opportunities for parents and teens • Funding

F. Focus Group Highlights (Needs) -Cont'd

Community - Quincy/Meadow Valley	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child care and early education: • Childhood immunizations • Early Prenatal Care • Access to Quality Health Care • Children and Families with Special Conditions • Alcohol and Other Drug Use • Tobacco Use • Quality Training • Quality compensation and retention of providers • Technical support and community networks • Adequate and accessible supply of childcare Affordability • Quality training • Quality compensation and retention of providers 	<ul style="list-style-type: none"> • Child care and early education: • Low cost or free, not for everyone • More information on prenatal care • Medications for low income or uninsured families, more clinics, diapers, formula • More community awareness programs • A.A. in Early Childhood Education (FRC) CA mentor program, Foster Family Training MAPP, Head Start Volunteer training, Parent and Provider training from PRS, Child Development Consortium offers training, Parent Workshops sponsored by PCIRC Special Education offers one on one training to parents • Mentors compensated, Provider Appreciation Day (PRS), on-going in-service at PRS and Head Start Referral service to day care (no charge to parents or providers) • Mentor Program, Directors meetings, Kindergarten teachers meet on a regular basis, local preschools visit kindergarten classrooms, Head Start transition project at year, Computer lab at Quincy Elementary • Kindergarten teachers meet on own time • Professional Development funds very low for early education Teachers (PUSD)

F. Focus Group Highlights (Needs) -Cont'd

Community - Quincy/Meadow Valley	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child health and wellness: • Prenatal exposure to substance abuse • Prevention and intervention for families with young children who are at risk of abuse and neglect • Access to Quality Health Care • Developmental Delays • Developmental Delays • Environmental Health • Nutrition • Physical Activity and Fitness • Physical Activity and Fitness • Oral Health • Oral Health • Nutrition Education • Injury and Violence Prevention • Mental Health 	<ul style="list-style-type: none"> • Child health and wellness: • More school nurses, lack of health insurance, no pediatricians • Lack of screening speech therapy • More early assessment (ages 0-3) • No lead abatement funds • Emergency food program for homeless families with children • Lack of play equipment for kindergarten at Quincy Elementary, need more bike trails • More summer programs for children, scholarships for swim lessons and other recreation activities • No pedodontists, no dentist at Rancheria • Specialized dental care • Materials for teaching nutrition at kindergarten level • More trained therapists to work with young children

F. Focus Group Highlights (Needs) -Cont'd

Community - Eastern Plumas	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child care and early education: • Affordability (Pre-school Teacher) • Quality Training (Parent) • Adequate/Accessible supply of Childcare (Parent) • Support (Parent) • Quality Training (Parent) • Adequate/Accessible supply of Childcare (Teacher) • Support (Parent) • Affordability (Parent) • Quality Compensation & Retention of Providers • Quality Training 	<ul style="list-style-type: none"> • Child care and early education: • Subsidized care for middle income families who are between guidelines for low income programs • Infant care, care for sick children, and children of special needs. Schools test for disabilities, CPR training • Free childcare, need more qualified teachers, parent education on the importance of pre-school. Childcare for teen parents • Teens moms who don't finish school • Special needs, educational learning challenges, behavioral challenge - hyperactive ADHD. Sensitivity training for children who came from abusive families, or where there's drug use • No pre-school/childcare for 0-3 infant/toddler. No after-hour childcare • Teen moms who don't finish school • People on fixed monies can't afford childcare. Assist working poor that don't qualify for low income programs • More flexibility for childcare hours. More providers needed • Teachers & childcare providers need to be trained in ECP, ADD/ADHD, SED, and behavioral problems. Provide positive environments for those challenged

F. Focus Group Highlights (Needs) -Cont'd

Community - Eastern Plumas	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child health and wellness: • Developmental Delays • Developmental Delays • Physical Activity and Fitness • Access to Quality Health Services • Prevention/Intervention Programs • Physical Activity and Fitness • Oral Health • Oral Health • Oral Health • Early Prenatal Care • 	<ul style="list-style-type: none"> • Child health and wellness: • Parents need options, resources • Skills to identify delays, Education • More activities needed • Families without insurance under 1 year are not eligible for Healthy Families, undocumented infant who is citizen • Stigma attached to receiving resources, services • More community activities to increase community involvement • Limited transportation • Limited access to services • Limited dental services for special needs children • Limited knowledge of how to nurture healthy pregnancies

F. Focus Group Highlights (Needs) -Cont'd

Community - Lake Almanor Basin	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
<ul style="list-style-type: none"> • Child care and early education: • Child Care and Early Education • Quality Training • Quality Training • Quality Training • Quality Training • Early Education • Quality Retention of Providers • Quality Technical Support • Community Networks for Providers • Adequate & Accessibility • Affordability • Quality Resources & Representatives 	<ul style="list-style-type: none"> • Child care and early education: • Lack of child care and early education resources in Lake Almanor Basin • Focus training provided for the professional and parent • Life skills, parenting and prenatal classes • Advertising & marketing with personal touch and phone calls • Communications for professionals and parents • Inadequate or lack of early education resources • Turn over with professionals, grass roots & agencies • Logistics with time constraints, and poor weather • Poor communication between agencies & parents • Reputable childcare & transportation, problems in seeking both • Need for supplemental income and financial support • Problems: direction, structure, child care, disorganization, representatives & wellness
<ul style="list-style-type: none"> • Parent education & support services: • Parent education & support services • Teen Parents Support • Teen Parents Support • Family Literacy Programs • Integrated System of Services • Programs for Children in Out-of-Home Care • Children & Families at Risk • Developmental Delays • Developmental Delays 	<ul style="list-style-type: none"> • Parent education & support services: • Lack of parent education & support services • Non-existing teen parents support & services • Lack of existing classes, outreach and home visits • Good program exists • Parent isolation i.e., transportation & knowledge • Agency, school and parent communication • Lack of communication with Agencies, parents & schools • Not enough programs, staff stretched, weather, travel, seeking outside services • Lack of education for parents, school staff & agencies

F. Focus Group Highlights (Needs) -Cont'd

Community - Lake Almanor Basin	
Category 1 - Need and Challenge	Category 2 - Perceived Need and Challenge
Child health and wellness: <ul style="list-style-type: none"> • Child health & wellness • Early Prenatal Care • Early Prenatal Care • Exposure to Substance Abuse • Prevention & Intervention Programs Re: Neglect & Abuse with Children • Access to Quality Health Services • Children & Families with Special Conditions • Injury & Violence Programs • Mental Health 	<ul style="list-style-type: none"> • Child health and wellness: • Lack of education on these issues for parents & agencies • Lack of ongoing education classes for pregnant & parenting individuals • Lack of health issues for newborn, parents & caregivers • Lack of education for staff, caregivers & parents involved. Where to go for help? Utilization of services and assistance into Substance Abuse Programs • Poor communication between identifying, preventing, intervening, referrals, resources and lack of staff • Transportation, weather, services unknown contact person, travel outside agencies • Lack of these services, unknown contact person, travel outside agencies • Lack of ongoing training with school, students, & parents. Marketing & approachable and availability issues addressed appropriately • Would like Therapist from PCMH 5 days per week for children and families

G. Focus Group Highlights (Assets)

The data illustrates the participating community members' perceived assets.

Community -Indian Valley	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child care and early education: • WIC program • Local child care providers • Indian Valley state pre-school • Church recreation programs • Parent education and support services: • Health Department parenting program for teens • Healthy Start program • Child health and wellness: • WIC program • Plumas Children's Network • Healthy Start program • Summer Music series • Indian Valley state pre-school 	<ul style="list-style-type: none"> • Child care and early education: • WIC program • Local child care providers • Indian Valley state pre-school • Church recreation programs • Parent education and support services: • Health Department parenting program for teens • Healthy Start program • Child health and wellness: • WIC program • Plumas Children's Network • Healthy Start program • Summer Music series • Indian Valley state pre-school

Community - Quincy/Meadow Valley	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child care and early education: • Technical Support and Community Networks for Providers • Affordability • Parent education and support services: • Early Parenthood Education • Teen Parents Support • Children and Families at Risk: Developmental Delays • Children and Families at Risk: Developmental Delays • Teen Parents Support • Teen Parents Support • Family Literacy Programs • Programs for Children in Out of Home Care 	<ul style="list-style-type: none"> • Child care and early education: • Network to avoid burnout • AP Program (PRS) Food Program • Parent education and support services • Birth control classes • No parenting taught in high school • Inadequate assessment available 0-3 years, services for children who are delayed but not deaf, blind, or orthopedically impaired not available • More specific training to common issues in this area • Baby Think it Over • Health Dept. home visits WIC • Library Literacy Program • Boy and Girl Scouts, Mountain Circle training, Environmental Alternatives training, FRC child development

G. Focus Groups Highlights (Assets) -Cont'd

Community - Quincy/Meadow Valley	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child health and wellness: • Childhood immunizations • Early Prenatal Care • Early Prenatal Care • Prenatal exposure to substance abuse • Access to Quality Health Care • Access to Quality Health Care • Maternal Infant and Health Care • Children and Families with Special Conditions • Physical Activity and Fitness • Oral Health • Nutritional Education Classes • Nutritional Education Classes • Mental Health 	<ul style="list-style-type: none"> • Child health and wellness: • Health Dept./WIC/CHDP required for child care • WIC, Health Dept. nurse • WIC and Health Dept. visits. Alcohol and Drug has training available • High School drug prevention education • Health Dept. Services, Medical Gas Vouchers • WIC • WIC - Health Dept • Children at FRC and Head Start get screened • Children's Fair, Drama Training • Dental Clinic, Medical Gas Vouchers • WIC, Head Start • Food Program for Child Care, WIC nutrition Education, CAN vouchers • Some therapists work with young children

G. Focus Groups Highlights (Assets) -Cont'd

Community - Eastern Plumas	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child care and early education: • Affordability • Quality training • Adequate/accessible supply of childcare • Support • Quality compensation/retention of providers 	<ul style="list-style-type: none"> • Child care and early education: • Head Start, Private preschool, Co-op preschool, Plumas Rural Services substitute childcare program, Cal-Works, Plumas Rural Services Resource & Referral, private providers • Parenting classes, Family Development Workshops, Feather River College, Library, Head Start, Plumas Rural Services, Hospital, Far Northern Regional Center, Early Start, District Attorney Department Recovered Parents, literature, Sheriff's Department, private providers, teens, elders. • Head Start, churches, English as a second language, Bilingual day care providers, Plumas Unified School District, preschools, Plumas Crisis Intervention & Resource Center, Healthy Start, Plumas Rural Services, parents, private daycare homes, family, friends, Far Northern Regional Center. • Plumas Rural Services subsidized childcare program • Plumas Rural Services, Plumas Unified School District, Far Northern Regional Center, private providers

G. Focus Groups Highlights (Assets) -Cont'd

Community - Quincy/Meadow Valley	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none">• Child health and wellness:• Developmental Delays• Developmental Delays• Access to Quality Health Services• Prevention/Intervention Programs• Physical Activity/Fitness• Oral Health• Oral Health• Early Prenatal Care	<ul style="list-style-type: none">• Child health and wellness:• Far Northern, Health Dept, CCS, PUSD, Preschool, Infant program• FRC, Childcare classes, Head Start, Healthy Start, KG• Medi-Cal, Healthy Families (not enough though)• Community members, Agencies• RR Station, Parks, Portola downtown, river• Transit system, dental providers• Local dental providers, out of area dentists• Health Dept., Hospital, In home nurse

G. Focus Groups Highlights (Assets) -Cont'd

Community - Lake Almanor Basin	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child care and early education: • Childcare and Early Education • Quality Training • Quality Compensation and Retention of Providers • Quality Technical support and Community Networks for Providers • Adequate and Accessible Supply of Child Care 	<ul style="list-style-type: none"> • Child care and early education: • Plumas Rural Services, Family Focus Network, Maternity Clinic, Seneca Hospital, non-existing MOMS Program and Childcare Providers • PRS, Maternity Clinic and Childcare providers providing outreach, referrals, and survey of community needs and role modeling services • Continue marketing to recruit appropriate candidates includes community support, survey needs, perks, benefits, as well as pay scale • Again, utilize PRS staff as well as the medical community i.e. Fire Dept. Paramedics, Program development, legal for liability issues, clerical support, social worker. Survey business to offer childcare to employees as benefit or costs be offset? • Continue with existing resources and improve as needed more infant and toddler childcare availability, taking income of families per area, employers, etc. into consideration. Alternate hours not traditional 8-5 only

G. Focus Groups Highlights (Assets) -Cont'd

Community - Lake Almanor Basin	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Parent education and support services: • Parent education & support services • Teen Parent Support • Family Literacy Programs • Integrated System of Service to Enhance and Maintain Family Self Sufficiency • Programs for Children in Out-of-Home Care • Children and Families at Risk: Developmental delays 	<ul style="list-style-type: none"> • Parent education and support services: • To continue to provide existing services but include classes for first time parents i.e., problem solving, disciplinary methodology and parenting with support service • Prenatal care, intervention, treatment addressed. Teen Parents support group to address these issues with guest speakers, place also in the schools • To take shame out of this issue for parents, role-modeling and perceive reading as a value • Includes LCSW, MFCC, Social Services, to be available for family issues, job, housing, substance abuse, health and access • Foster families, single parent families, grandparents raising children, etc. Make services available and accessible addressing family issue for all • Early detection, referrals, identification and treatment to existing agencies on site. Need to not travel outside

G. Focus Groups Highlights (Assets) -Cont'd

Community - Lake Almanor Basin	
Category 1 - Assets	Category 2 - Perceived Assets
<ul style="list-style-type: none"> • Child health and wellness: • Childhood Immunizations • Early Prenatal Care • Prenatal Exposure to Substance Abuse • Prevention and Intervention Programs for Children and Families Who are at Risk of Abuse and Neglect • Maternal, Infant and Child Health • Environmental Health • Mental Health & Nutrition etc. 	<ul style="list-style-type: none"> • Child health and wellness: • Public Health offers opportunity for this, maybe a concern is in outlying areas of parents who refuse services • Hospital and Health Dept. and community need to work to refer and be educated as well • Includes Specialist at least every 2-4 weeks to be available in prenatal care locations for discussion, support, and service • Health Dept. and Providers to work together to consistently refer, using flyers, contact person available, make a connection to services and F/U • All the aforementioned with inclusion of outreach with and providing transportation and F/U consistently • A partnership between workers, community, hospitals to identify areas of concerns i.e. county wide disaster areas • Education with community, schools, parents and agencies

F. Service Gap Analysis Highlights

Community survey highlight responses for the three main categories were compiled with the focus group highlight data and analyzed by region of the county. This cumulative analysis is presented in the table below. "Needs" are noted in the table as a check mark. "Assets" are identified in the same table, and are indicated by shading. It is possible that one issue may be indicated as both a need and an asset. For example, the program may exist and be a quality program but may not be meeting the complete need of the community.

County-wide concerns are defined as those needs that are stated by the community in 3 or more of the five regions of the county (indicated by an asterisk).

Children are healthy:

Issues	Indian Valley	Quincy/ Meadow Valley	Mohawk Valley	Lake Almanor Basin	Eastern Plumas
Existing Services					
Three (or more) communities expressed these needs:					
*Access/subsidy to services	✓			✓	✓
*Mental health services, including anger management & substance abuse counseling	✓	✓		✓	
*Nutrition education		✓	✓	✓	
*Prenatal & perinatal services	✓			✓	✓
*Reduced payment for medical coverage	✓	✓			✓
Two communities expressed these needs:					
Access to clinics locally			✓	✓	
Car seat program sustained		✓			
Children specialists (pediatricians, pedodontist, speech therapist, assessments for 0-3 years, sedation)		✓			✓
Information/referral and family advocacy	✓				✓
Non-traditional health services (weekends, evenings, etc.)	✓				✓
Referral system for children	✓			✓	
School nursing strengthened	✓	✓			
Transportation				✓	✓
Once community expressed these needs:					
Emergency medical services		✓			
Community center (recreation & activities)	✓				
Education regarding violence				✓	
Lead abatement		✓			
More mandatory reporters	✓				
Outreach/marketing services	✓				
Parent training	✓				
Spanish interpretation and bilingual services		✓			

H. Service Gap Analysis Highlights - Cont'd

Children are learning:

Issues	Indian Valley	Quincy/Meadow Valley	Mohawk Valley	Lake Almanor Basin	Eastern Plumas
Three or more communities expressed these needs:					
*Advocacy/mentoring for families	✓			✓	✓
*After school childcare	✓		✓	✓	✓
*Childcare services	✓			✓	✓
*More school nurse time for special education	✓	✓			✓
*Preschool child care, including year round & infant/toddler care	✓	✓	✓	✓	✓
*Services available to all low-income children	✓			✓	✓
*Subsidy for childcare		✓		✓	✓
*Teen Parent childcare & support services	✓		✓		✓
*Training for providers/parents to increase quality, including licensing		✓		✓	✓
Two communities expressed these needs:					
Outreach & marketing of services	✓			✓	
Parent support groups		✓			✓
Transportation	✓		✓		
One community expressed these needs:					
Improved libraries as resource for providers	✓				
Playground facilities	✓				
Provider retention				✓	
Respite		✓			
Support	✓				
Targeted programs for Native Americans	✓				
Targeted programs for Spanish speaker		✓			

H. Service Gap Analysis Highlights - Cont'd

Family units are strong:

Issues	Indian Valley	Quincy/ Meadow Valley	Mohawk Valley	Lake Almanor Basin	Eastern Plumas
Three or more communities expressed these needs:					
*Activities for children and families	✓	✓	✓	✓	
*Counseling (including mandatory) and improve marketing of	✓	✓	✓	✓	✓
*Existing services					
*Life skills (including for teens)	✓			✓	✓
*Skills development for parents (ranging from basic skills workshops to adult/college classes & involving non-traditional times = weekends, etc.)	✓	✓	✓	✓	✓
*Teen parent programs	✓	✓		✓	
Two communities expressed these needs:					
Awareness of services	✓				✓
Decentralized services (not in Quincy)	✓			✓	
Transportation (within & out of county)		✓		✓	
One community expressed these needs:					
Assessment of children aged 0-3	✓				
Father programs		✓			
Health Services		✓			
Job Faires, classes					✓
Library resources and referral		✓			
Nutrition & food support			✓		
Parent hotline				✓	
Parent support programs (including & beyond WIC)	✓	✓			
Training for families at risk	✓				
Women support groups				✓	

H. Service Gap Analysis Highlights - Cont'd

Integrated services:

Issues	Indian Valley	Quincy/Meadow Valley	Mohawk Valley	Lake Almanor Basin	Eastern Plumas
Three or more communities expressed this need:					
*Recreation integrated with health and childcare, i.e. bike trails, swimming, play equipment.	✓	✓			✓
One community expressed these needs:					
Agency, school, parent communication				✓	
Childcare for Tuesday night WIC group		✓			
Ensure access to medical benefits				✓	
Integrated delivery of services		✓			
Integrated delivery of services for teens between service providers and Plumas Unified School District					✓
Medical and childcare provider network					✓
Plumas Unified School District/Health nutrition at kindergarten level.		✓			
Reduce paperwork across agencies				✓	
Support from other resources for "healing" (alternative medicine)	✓				

A. Background

Four strategic directions were agreed to, along with related programs, as the culmination of the Commission's Planning Process. The unifying and central theme of these strategic directions is support for pregnant women and families with young children. At this time, funding has not been allocated to specific approaches within each Strategic Result; this will be addressed in the Implementation Phase, based on the work of task forces established by the Commission to oversee implementation of the first four Strategic Directions.

The task force used the following information in developing the targeted outcomes:

1. Needs Assessment Data Gathered
2. Community Assets Available
3. Community Convenience Survey
4. Countywide Focus Groups
5. Draft California Children and Families Commission Proposition 10 Results Document, 2/11/2000

B. State

The four strategic directions and long term outcomes as defined by the State of California are presented below:

State Strategic Direction #1	Targeted Long-Term Results
Improved Child Health: Healthy Children Strategic Result: Healthy Children: ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period to age five	<ul style="list-style-type: none"> • Improved prenatal & postnatal infant and maternal nutrition and health status • Improved child nutrition and health status • An increase in the percentage of all children receiving preventive and ongoing regular health, mental health and dental care • Reduced use of tobacco, drugs, and alcohol during pregnancy • A decrease in childhood injuries-intentional and unintentional • An increase in the number of children in safe & healthy environments

State Strategic Direction #2	Targeted Long-Term Results
Improved Family Functioning: Strong Families Strategic Result: Strong Families: support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children	<ul style="list-style-type: none"> • Increased parental knowledge about healthy practices during pregnancy • Increased parental knowledge about the capacity to provide effective and nurturing newborn and infant care • Increased parental knowledge of child development & improved parenting skills • Increased parental knowledge of healthy dietary and physical activity practices • Reduced child abuse and domestic violence • Increased family self-sufficiency in areas targeted by local initiative • Reduced parental tobacco and other substance abuse

B. State - Cont'd

State Strategic Direction #3	Targeted Long-Term Results
<p>Improved Child Development: Children Learning And Ready For School</p> <p>Strategic Result: <i>Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school</i></p>	<ul style="list-style-type: none"> • An increase in the percentage of children in the community receiving quality child care (as defined by provider training, adult to child ratios, group size, lack of staff turnover, physical facility) • Increased access among infants and toddlers with developmental delays and special needs to quality early care • An increase in regular school attendance • An increase in the number of children entering kindergarten deemed "ready for school" by their teachers • An increase in the number of students who successfully complete first grade without being retained • An increase in the percentage of children reading by third grade
State Strategic Direction #4	Targeted Long-Term Results
<p>Improved Systems For Families: Integrated, Accessible And Culturally Appropriate Services</p> <p>Strategic Result: <i>Integrated Quality Service System: ensure access to a quality child and family support services delivery system</i></p>	<ul style="list-style-type: none"> • Services that reduce disparities in health status, school readiness, and family functioning across ethnicities and geographic areas • Services that are accessible for families with special needs • Services that are integrated so that families feel that they are in a single system of care • Client and service information that is integrated and shared in a respectful and confidential manner • Investments are directed toward effective practices

C. Local

The tables below list the strategic directions and targeted long term outcomes as defined by the PCCFC:

Local Strategic Direction #1	Targeted Long-Term Results
Improved Child Health: Healthy Children - Strategic Result: Healthy Children: ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period to age five.	<ul style="list-style-type: none"> • Improved prenatal & postnatal infant and maternal nutrition and health status • Improved child nutrition & health status • An increase in the percentage of all children receiving preventive and ongoing regular health, mental health and dental care • Reduced use of tobacco, drugs, and alcohol during pregnancy • A decrease in childhood injuries-intentional and unintentional • An increase in the number of children in safe & healthy environments

Local Strategic Direction #2	Targeted Long-Term Results
Improved Family Functioning: Strong Families - Strategic Result: Strong Families: support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children	<ul style="list-style-type: none"> • Increased parental knowledge about healthy practices during pregnancy • Increased parental knowledge about the capacity to provide effective and nurturing newborn and infant care • Increased parental knowledge of child development & improved parenting skills • Increased parental knowledge of healthy dietary and physical activity practices • Reduced child abuse and domestic violence • Increased family self-sufficiency in areas targeted by local initiative • Reduced parental tobacco and other substance abuse • Effective child rearing and healthy choices • Promote responsive, convenient, strength based, and accessible services for parents • Promote parent and community involvement in planning, design, and delivery of services • Promote expansion and development of affordable family recreational activities • Increased access and availability to family support services and resources

C. Local - Cont'd

Local Strategic Direction #3	Targeted Long-Term Results
<p>Improved Child Development: Children Learning And Ready For School</p> <p>Strategic Result: Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school</p>	<ul style="list-style-type: none"> • An increase in the percentage of children in the community receiving quality child care (as defined by provider training, adult to child ratios, group size, lack of staff turnover, physical facility) • Increased access among infants and toddlers with developmental delays and special needs to quality early care • An increase in regular school attendance • An increase in the number of children entering kindergarten deemed "ready for school" by their teachers • An increase in the number of students who successfully complete first grade without being retained • An increase in the percentage of children reading by third grade • Number and percentage of accredited early care and education programs
Local Strategic Direction #4	Targeted Long-Term Results
<p>Improved Systems For Families: Integrated, Accessible And Culturally Appropriate Services</p> <p>Strategic Result: Integrated Quality Service System: ensure access to a quality child and family support services delivery system</p>	<ul style="list-style-type: none"> • Services that reduce disparities in health status, school readiness, and family functioning across ethnicities and geographic areas • Services that are accessible for families with special needs • Services that are integrated so that families feel that they are in a single system of care • Client and service information that is integrated and shared in a respectful and confidential manner • Investments are directed toward effective practices

A. Goals and objectives

The chart in this section outlines the Commission's goals and objectives as determined from the highlights of Section III.

Goals	Objective(s)	Outcome Category			
		Children Learning	Strong Families	Healthy Children	Integrated Services
Build capacity of kindergarten childcare	1. Increase training for providers.	✓			
Build capacity of full day & full year preschool for children aged 3-5 years.	2. Increase number of sites for childcare.	✓			
Build capacity of infant and toddler childcare.	3. Increase number of slots for childcare.				
Address inclusion of children in childcare. Inclusion encompasses culturally, linguistically, and economically diverse communities.	4. Increase the number of children in care.	✓			
	5. Increase public awareness of the childcare need	✓			
	6. Identify and overcome barriers to affordable childcare				
	7. Identify and increase role of business & faith organizations with childcare.				
Integrated, consistent models for training of: 1. providers 2. parents in selection of quality childcare providers	8. Public education of child development ages 0-3.				
	1. Training opportunities exist. 2. Develop master training plan annually.	✓			✓

A. Goals and objectives - Cont'd

Goals	Objective(s)	Outcome Category			
		Children Learning	Strong Families	Healthy Children	Integrated Services
Build capacity for parents to obtain counseling.	<ol style="list-style-type: none"> 1. Increase awareness of existing scheduled counseling opportunities in their community. 2. Increase the availability of scheduled opportunities. 3. Identify and overcome barriers to inclusion. 		✓		
Provide assistance to families to improve their access to services.	<ol style="list-style-type: none"> 1. Identify and overcome barriers to access services. 2. Increase inclusion through using various delivery formats. 3. Increase in parent utilization of services. 4. Increase in parent's quality of experience with services. 		✓		
Provide educational opportunities. Increase inclusion (cultural, economic, fathers, linguistic, etc).	Increase opportunities to access: <ol style="list-style-type: none"> 1. employment training & placement 2. basic skills (such as literacy) 3. parenting skills 4. child development 5. specialized educational needs for teen parents. 6. Provide various delivery formats. 		✓		
Build capacity for children (0-5 years) and families to recreate.	<ol style="list-style-type: none"> 1. Collaborate with existing recreation districts & programs. 		✓	✓	✓
Expand teen parent support services.	<ol style="list-style-type: none"> 1. Increase learning opportunities for teen parents. 2. Increase perinatal support services. 3. Increase the number of teen parent graduates. 	✓	✓	✓	✓

A. Goals and objectives - Cont'd

Goals	Objective(s)	Outcome Category			
		Children Learning	Strong Families	Healthy Children	Integrated Services
All pregnant women receive prenatal services and education.	1. Increase services.			✓	✓
Provide age appropriate mental health services to children.	2. Improve collaboration among/between existing services.				
Build the capacity for oral health services to children aged 0-5.	3. Identify and overcome barriers for increasing services and access to services.			✓	✓
Increase access to children's specialty medical services.	4. Increase parent/public awareness & education of the importance of care (including: sexual assault, domestic violence, environmental health dangers, tobacco exposure, etc.)			✓	✓
Increase access to early intervention health screening and services, including special needs, and an emphasis for 0-3 years.	5. Increase the health of children.			✓	✓
	6. Increase inclusion (cultural, economic, fathers, linguistic, etc).				
	7. Increase health status of children (i.e. immunization status, etc.)				
Decrease the number of children without medical coverage.	1. Increase awareness of the available medical coverage.			✓	✓
	2. Provide assistance to access/enroll in medical coverage.				
	3. Identify and overcome barriers to accessing coverage.				

B. Outcomes, Indicators and Strategies

The charts in this section outline the Commission's measurable outcomes, indicators, and program strategies. The outcomes, indicators and strategies were developed from the goals and objectives that surfaced from the community needs, assets, and service gap analysis.

Outcomes - Outcomes measure the extent to which programs and services, taken together, are achieving the goals of healthy children, children developing and ready to learn, strong and capable families, and an integrated quality service delivery system. Outcomes will be evaluated from a county-wide and system-wide perspective with progress reported annually to assist the Commission in its ongoing strategic planning process.

Indicators - Indicators are a specific kind of data used to track progress toward the achievement of objectives. Indicators will be tracked and reported annually and used by the Commission to evaluate the impact of their funding decisions on achievement of their stated outcomes.

Strategies - Strategies are the courses of action taken to achieve outcomes and objectives. Strategies that receive funding will be evaluated using process and performance measures. Evaluation reports will be reviewed annually by the Commission to ensure accountability. All strategies, including those identified in the initial plan but not funded, will be reviewed and updated as needed based on community need. While there are numerous individual strategies designed to achieve the Commission's outcomes, the overarching concept is to develop an integrated, coordinated, easily accessible system of health, early care, education and family support services for all families who want, need or choose to use them. These services will be accessed through a number of key "stakeholders", namely healthcare providers, early care and education providers, local education agencies, school districts either individually or collectively, and community based Family Resource Centers. These "stakeholders" will be linked to work as a team in support of the healthy development of young children and their families.

C. Healthy Children

Strategic Result: Healthy Children: ensure the overall physical, social, emotional, and intellectual health of children during the prenatal period to age five				
Goals	Indicators	Objectives	Outcomes	Possible strategy
1. Increased health service capacity in Plumas County Children and Families Commission Target areas (such as prenatal care services, immunizations, mental health assessment, child health screenings)	Prenatal Care	<p>Increase to at least 90% the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy, and whose care is adequate</p> <p>Increase in the number of women enrolled in existing or new programs providing prenatal services</p>	<p>An increase in the number of children in safe and healthy environments</p> <p>An increase in the percentage of all children receiving preventive and ongoing regular health, mental health and dental care</p>	<p>Develop comprehensive prenatal care programs that are available and accessible through community based sites/mobile vans</p> <p>Provide home visitation services to augment and support prenatal and maternal child health care</p>
2. Increased maternal access to prenatal health care services	Immunization	Increase in the number of children with up-to-date immunizations at age 2 and at entry to kindergarten		
3. Increased child access to health, mental health and dental services	<p>Mental Health Issues</p> <p>Dental Care</p>	<p>Increase to at least 75% the proportion of providers of primary care for children who include assessment of cognitive, emotional, and parent/child functioning, with appropriate counseling, referral, and follow up, in their clinical practices</p> <p>Increase in the number of children appropriately receiving mental health services.</p> <p>Decrease in the number of children with dental caries, especially untreated dental caries.</p>	<p>Improved child nutrition and health status</p>	<p>Train relevant health care providers and their staff to identify and respond appropriately to Alcohol, Tobacco and Other Drug (ATOD) use among their patients in the office setting</p>

C. Healthy Children – Cont'd

Strategic Result: Healthy Children: ensure the overall physical, social, emotional and intellectual health of children during the prenatal period to age five.				
Goals	Indicators	Objectives	Outcomes	Possible strategy
4. Increased percent of children who have and use a health home for comprehensive health services to include physical, dental, and mental health	Health Insurance	Increase in the number of infants and children enrolled in health insurance/ service programs providing medical and dental coverage	An increase in the number of children in safe and healthy environments	Develop hospital based health care coordinators to link children with a health home, enroll children in insurance programs as needed, facilitate links with community based health care sites, family resource centers, and school based Healthy Start programs, head start Provide culturally appropriate outreach to maximize number of eligible children enrolled into MediCal, Healthy Families and other plans Create community based comprehensive health care and dental care sites/ mobile vans Link with school based Healthy Start programs Provide discretionary funding to facilitate access to health services (i.e., childcare, transportation, translation) Expand hours and resources available at community clinics
	Well Child Care Visits	Increase in the number of children with a primary care provider/primary medical home	An increase in the percentage of all children receiving preventive and ongoing regular health, mental health and dental care	
	Oral Health	Increase the proportion of babies aged 18 months and younger that receive recommended primary care services at the appropriate intervals. Increase to at least 95% the proportion of children who have a health care home Reduce dental caries so that the proportion of children with one or more caries is no more than 35% among children under 6	Improved child nutrition and health status	

C. Healthy Children – Cont'd

Strategic Result: Healthy Children: ensure the overall physical, social, emotional and intellectual health of children during the prenatal period of age five				
Goals	Indicators	Objectives	Outcomes	Possible strategy
5. Increased child access to early screening and early intervention for developmental delays and other special needs	Developmental Assessments	<p>Increase in the number of successful referrals of children to existing or new services for screening and early intervention for developmental delays and other special needs thorough expanded interagency relationships, training and improved systems</p> <p>Increase the proportion of primary care providers who are trained and routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and who assess other developmental milestones as part of well child care</p>	All chronic and disabling conditions are identified, assessed and managed	<p>Train primary care providers in early detection/ intervention of chronic and disabling conditions related to physical & mental health</p> <p>Make health and mental health consultation services available for child care providers</p> <p>Provide screenings, assessments and case management at community based health care sites/mobile vans</p> <p>Link with school based Healthy Start programs</p>
6. Increased family access to smoking, alcohol and substance abuse cessation/treatment supports	Substance Exposed Infants	<p>Increase in the number of pregnant women accessing smoking abuse or alcohol treatment centers</p> <p>Decrease the number of child visits to emergency rooms for conditions related to environmental exposure to tobacco</p> <p>Increase abstinence from alcohol use by pregnant women. Increase abstinence from tobacco use by pregnant women by 80 %.</p> <p>Eliminate use of illicit drugs by pregnant women</p>	Reduced use of tobacco, drugs, and alcohol during pregnancy	<p>Expand treatment programs for substance abusing pregnant women</p> <p>Increase community awareness of the impact of Alcohol, Tobacco and Other Drugs (ATOD) on children prenatal through early childhood</p>

C. Healthy Children – Cont'd

Strategic Result: Healthy Children: ensure the overall physical, social, emotional and intellectual health of children during the prenatal period to age five				
Goals	Indicators	Objectives	Outcomes	Possible strategy
7. Increased child access to good nutrition and exercise	Child health	<p>Increase in the number of infants who are breastfeeding</p> <p>Decrease in the number of children who are hungry or malnourished</p> <p>Increase in child care provider knowledge and application of healthy child nutrition and physical activity practices</p> <p>Increase in access to nutrition education and classes</p> <p>Increase in community offerings of affordable and accessible activities promoting physical activities for families and children</p>	Improved prenatal and postnatal infant and maternal nutrition and health status	
8. Increased child access to healthy and safe environments	<p>Tobacco Exposure</p> <p>Exercise</p> <p>ATOD use and abuse</p> <p>Domestic Violence</p> <p>Child Abuse</p>	<p>Decrease in maternal, infant, and child exposure to second hand smoke</p> <p>Reduce to no more than 20% the proportion of children aged 5 and younger who are regularly exposed to tobacco smoke at home</p> <p>Increase the availability and accessibility of physical activity and fitness opportunities</p> <p>Reduce number of children who are exposed to alcohol and other drugs in their homes and communities</p> <p>Decrease number of reports of domestic violence that involve young children</p> <p>Decrease number of child abuse reports involving young children</p> <p>Decrease number of young children removed from their homes due to child maltreatment</p>	A decrease in childhood injuries- intentional and unintentional	<p>Advocate for healthy and safe environments</p> <p>Lead testing air/radon -fluoridated water -violence prevention -ATOD prevention -child abuse prevention</p> <p>Promote parent and community involvement in planning, design, and delivery of services</p> <p>*ATOD = Alcohol Tobacco and Other Drugs</p>

D. Strong Families

Strategic Result: **Strong Families: support and strengthen families for the optimal physical, social, emotional, and intellectual development of their young children**

Goals	Indicators	Objectives	Outcome	Possible strategy
1. Increased capacity to provide education addressing issues such issues as: nutrition, newborn and infant care, nurturing and teaching for optimal childhood development, parenting and other necessary skills, child abuse prevention, avoidance of tobacco, drugs and alcohol during pregnancy		<p>Increase in the number of parent education classes/opportunities available either in the classroom or delivered through other means. e.g. home visitation</p> <p>Increase in the number of parents receiving parenting education materials at the time of the child's birth</p> <p>Increase in the number of families served by home visitation programs</p> <p>Increase in the number of families served by family resource centers</p> <p>Increase in the number of families served through parent support hot lines/warm lines</p> <p>Increase in the availability and use of mutual support and self-help groups</p> <p>Increase in the number of high-risk families receiving appropriate referrals and voluntary interventions (e.g. tobacco and other substance abuse treatment, child abuse intervention)</p> <p>Decrease in the number of incidents requiring crisis-oriented family intervention</p>	<p>Increased parental knowledge and skills on:</p> <p>effective child rearing and healthy choices</p> <p>healthy practices during pregnancy</p> <p>providing effective and nurturing newborn and infant care</p> <p>child development and improved parenting skills</p> <p>dietary and physical activity practices</p> <p>Reduce:</p> <ul style="list-style-type: none"> -child abuse -domestic violence -parental tobacco use and other substance abuse <p>Increase family self-sufficiency in areas targeted by local initiative</p>	<p>Provide comprehensive, high quality, effective parent education programs covering a wide range of topics, including family planning, that are culturally appropriate and offered in multiple languages</p> <p>Link with school based Healthy Start programs</p> <p>Expand home visitation services to support new and at risk families</p> <p>Develop new and expanded substance abuse prevention and treatment programs that integrate parenting education into their programs</p> <p>Expand pregnant and parenting teen programs including teen pregnancy prevention education</p> <p>Develop father involvement programs</p> <p>Develop parenting/ peer support mentoring programs</p>

D. Strong Families – Cont'd

Strategic Result: Strong Families: support and strengthen families for the optimal physical, social, emotional and intellectual development of their young children				
Goals	Indicators	Objectives	Outcome	Possible strategy
2. Increased access and availability to family support services and resources	Consumer Satisfaction and Awareness Surveys	Increase in community awareness of services available and satisfaction in services received	Promote responsive, convenient, strength based, and accessible services for parents	Expand community based comprehensive support services sites e.g., Family Resource Centers, Healthy Start programs
	Program Availability	Increased access and availability to family support services and resources Increase number of services and service locations geographically dispersed around the county	Promote parent and community involvement in planning, design, and delivery of services Promote expansion and development of affordable family recreational activities	Expand home visitation services to support new and at risk families Link family education and support services with child care Expand respite care including for families with special needs Develop specialized support services for foster care and relative caregivers Remove barriers such as cost, transportation, language, hours of operation, child care Develop a centralized resource and information system specific to families with children birth through age five

D. Strong Families – Cont'd

Strategic Result: Strong Families: support and strengthen families for the optimal physical, social, emotional and intellectual development of their young children				
Goals	Indicators	Objectives	Outcome	Possible strategy
3. Increased capacity to provide parent support services addressing such issues as: self-sufficiency, domestic violence prevention and treatment, tobacco and other substance abuse control and treatment, voluntary intervention for families at risk, and other prevention and family services and counseling critical to successful early childhood development	Effective Programs	Percentage of parents who increased parenting skills and continued to use them six months after classes	Increased family self-sufficiency	Advocate for linkage between parenting programs and self-sufficiency programs such as housing and job training
	Consumer Satisfaction and Awareness Surveys	Improvement in the condition of County families as gauged by the following indicators: - Homelessness - Hunger - Poverty - Envir. Stability - Parents Education - Employment	Increased access and availability to family support services and resources	Provide access to jobs and job training supported by child care Provide parent education in high school Develop new and expanded domestic violence programs that integrate parenting education into their programs
	Program Availability	Increase in community awareness of services available & satisfaction in services received		Promote parent and community involvement in planning, design, and delivery of services
		Increase access and availability to family support services and resources		Promote expansion and development of affordable family recreational activities
		Increase number of services and service locations geographically dispersed around the county		Expand community based comprehensive support services sites e.g., Family Resource Centers, Healthy Start programs Link family education and support services with child care Develop specialized support services for foster care and relative caregivers Develop a centralized resource and information system specific to families with children birth through age five

E. Children Learning and Ready for School

Strategic Result: **Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school**

Goals	Indicators	Objectives	Outcome	Possible strategy
1. Increased "school readiness" for kindergarten	"School Readiness"	<p>An increase in meaningful parent attendance in the child's educational events</p> <p>An increase in the number of child care providers receiving training about school readiness</p> <p>An increase in the in the number of children who receive mental health & developmental screenings and appropriate referral services</p> <p>An increase in transitions programs conducted through child care provider/ school/family partnerships</p> <p>An increase in the availability and use of family literacy programs</p> <p>An increase in the availability and use of libraries, books, and other learning resources</p> <p>An increase in parents' knowledge of developing children's cognitive skills, especially for parents of children who are not in licensed care</p>	<p>Successful completion of kindergarten</p> <p>Successful completion of first grade</p> <p>Ability to read by third grade</p> <p>An increase in regular school attendance</p> <p>An increase in the number of children</p>	<p>Provide education that promotes parental involvement and supports child development and learning</p> <p>Develop public awareness campaigns about importance of early developmental stimulation</p> <p>Develop a comprehensive needs assessment of early care and education programs and services to meet the needs of families</p> <p>Develop a comprehensive plan to meet the early care and education needs of families identifying all public and private resources</p> <p>Promote collaboration between the K-12 educational system and the early care and education system for the purpose of defining school readiness and a common mechanism for measurement</p>

E. Children Learning and Ready for School

Strategic Result: Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school

Goals	Indicators	Objectives	Outcomes	Possible strategy
2. Increased Supports & Educational Opportunities for all Child Care Providers	Provider training	An increase in the number and stability of providers and their facilities Establishment of compensation programs linked to higher levels of training	Increased availability and access to provider training	Develop incentives (training and salary) to encourage recruitment and retention of quality child care providers, particularly for special needs children
3. Increased Capacity to Serve Infants and Children in Licensed and Accredited Child Care Facilities	Early Care & Education Availability	An increase in the number of available licensed child care spaces for children 0-2 and 3-5 An increase in the number of accredited family child care homes and childcare centers An increase in the availability of child care options for families with alternative work schedules	Increased availability and access to quality early care and education Increase in the number of affordable, quality early care and education slots sufficient to meet community needs	Promote development of continuing early care and education resources for children and families so that families and children do not experience a gap in services when transitioning from one system to another Provide parent education that promotes informed parental choice in the selection of early care and education programs Increase quality early care and education programs in underserved areas and for underserved populations
	Program Accreditation	An increase in the amount of accessible information on accreditation An increase in incentives linked to accreditation An increase in support to help unlicensed providers move to licensed	Number and percentage of accredited early care and education programs	Promote accreditation of early care and education programs including family child care programs Expand services during nontraditional hours and affordable care for mildly ill children

E. Children Learning and Ready for School – Cont'd

Strategic Result: Children Learning and Ready for School: provide early care and education opportunities for all children to maximize their potential and succeed in school				
Goals	Indicators	Objectives	Outcome	Possible strategy
4. Increased available resources to support families with special needs including economic, social, and children with development disabilities	Care Availability	<p>Increase in the number of slots available for children with special needs</p> <p>Reduction in the waiting list of qualified families for subsidized child care</p>	Increased availability and access to child care availability to support families with special needs including economic, social, and children with development disabilities	<p>Increase subsidies for families in need of assistance</p> <p>Increase subsidies for families with special needs</p>
5. Increased access to early screening, assessment, and intervention for developmental, behavioral, emotional, social and other at risk conditions	Childhood screenings	<p>Increase in referrals by child care providers to health care professionals for children with developmental delays, psychosocial issues and other special needs</p> <p>Make screening and assessments available at child care facilities and other easily accessible community based sites</p> <p>Develop tracking system to monitor implementation and effectiveness of training</p> <p>Develop a standard comprehensive child assessment instrument</p>	Access to childhood screenings	<p>Remove barriers to care related to transportation, geographic location, lack of space/facilities, and hours of service</p> <p>Provide training and support services for providers working with special need children</p> <p>Advocate for the development of a standard comprehensive child assessment protocol</p> <p>Provide training and ongoing support for teachers and child development specialists on child screening, assessment and intervention</p>

F. Integrated Quality Service System

Strategic Result: Integrated Quality Service System: ensure access to a quality child and family support services delivery system				
Goals	Indicators	Objectives	Outcome	Possible strategy
1. A comprehensive array of services to meet the needs of families with children birth to five	Responsive Service Planning	Periodically updated strategic plan with increasing public and community input	Services that reduce disparities in health status, school readiness, and family functioning across ethnicities and geographic areas	Develop, expand and support neighborhood based, comprehensive service sites such as Family Resource Centers, Healthy Start programs, Sierra Cascade Family Opportunities and other similar community-based programs Update database of universally accessible resources and information Develop a continuous strategic planning and reporting process for the Commission enlisting participation from stakeholders
	Leveraging	A minimum of 25% percent of Commission dollars invested matched by other government and private sources	Services that are accessible for families with special needs	Advocate at the federal, state and local level for actions that promote the Commission mission Fund development strategies that leverage public, private and nonprofit funding sources

F. Integrated Quality Service System – Cont'd

Strategic Result: Integrated Quality Service System: ensure access to a quality child and family support services delivery system				
Goals	Indicators	Objectives	Outcome	Possible strategy
2. A coordinated system of care and services	Coordination and Collaboration	Percentage of Commission funded projects that include interagency cooperative agreements	<p>Services that are integrated so that families feel that they are in a single system of care</p> <p>Client and service information that is integrated and shared in a respectful and confidential manner</p> <p>Investments are directed toward effective practices</p>	<p>Develop a centralized resource and information system specific to families with children birth through five</p> <p>Establish a child care coordinator for the county through subcontract with a community based agency</p> <p>Develop coordinated case management for high risk populations</p> <ul style="list-style-type: none"> - children with special needs - homeless children/ families - teen parents - family violence <p>Investigate a variety of service models for the purpose of measuring efficiency and effectiveness</p> <p>Develop strategies to ensure children and families are transitioned in services when the child turns six</p> <p>Seek state and federal waivers and authority to link systems</p> <p>Support the development of collaborative efforts involving public, nonprofit and for-profit organizations</p> <p>Strengthen planning linkages, communication, learning and referrals among all Commission funded programs</p>

F. Integrated Quality Service System – Cont'd

Strategic Result: Integrated Quality Service System: ensure access to a quality child and family support services delivery system				
Goals	Indicators	Objectives	Outcomes	Possible strategy
3. Quality Services	Sustainability	Percentage of funds used for multiyear projects	Support multiyear funding for sustainability	Provide training, technical, and administrative support to funded programs to ensure quality and results
			Emphasize the participation of consumers and families in all service contracts	Provide incentives for providers to improve quality and to meet the needs of the multicultural and multilingual community of County
	Performance Results	Percentage of Commission funded projects still in existence after five years Annual performance report of program results and outcomes	Fund services based on achievement of results	Develop protocols and uniform data standards to facilitate information sharing and "best practices" Research best practices and service models for targeted population and goals Develop a comprehensive performance management system which includes: - County scorecard to track results - Annual program performance monitoring and auditing - Program results and Commission outcome monitoring - Operational reviews
	Satisfaction	Provider and consumer satisfaction surveys		Develop a comprehensive performance management system which includes consumer satisfaction

F. Integrated Quality Service System - Cont'd

Strategic Result: Integrated Quality Service System: ensure access to a quality child and family support services delivery system				
Goals	Indicators	Objectives	Outcome	Possible strategy
4. Universal access to services	Satisfaction	Provider and consumer satisfaction surveys	Satisfied consumers	Support extended hours for services at existing service sites and clinics Include support services in program funding to promote access i.e. transportation, childcare, translation etc. Create and develop public information and outreach campaigns Conduct outreach activities to reach isolated populations -Homeless -Immigrants -Working poor -Teen parents

STRATEGIC PLAN SECTION VI ADVERTISING AND PROMOTION

A. Local Media and Marketing Plan

Background - Creating a child- and family-friendly county will require an overall media and communications strategy. The main aims of such a strategy are to educate parents, to provide information about existing services, and to promote the use of PCCFC services. A comprehensive media and marketing strategy can achieve these aims by creating common awareness and understanding of children's needs and available services.

General Approach

1. To develop a comprehensive media and communications strategy that educates Plumas County Communities on child development and parenting practices.
2. To increase receptivity for programs, including parenting classes, family support and home visiting services, and child-care quality improvement.
3. To increase public awareness of child development, including conditions that promote optimal cognitive, physical, emotional, and social development.
4. To inform the citizens of Plumas County about Plumas County Children and Families Commission sponsored services available to children and families.
5. To help parents make more informed choices in selecting services for their children.

B. First Year Priorities

1. To coordinate media strategy with the California Children and Families Commission on a statewide basis.
2. To coordinate regional media strategy with all Children and Families County Commissions in counties contiguous to Plumas County.
3. To coordinate media strategy with Child Care Resource and Referral Agency in Plumas County.
4. To use the services of media, marketing, and public relations professionals on a *pro bono* basis whenever possible.
5. To reach out to every segment of the community with messages that are easily understood with a minimal amount of local Children and Families Commission expenditure.
6. To work with program staff to coordinate media and community outreach with program implementation.

STRATEGIC PLAN SECTION VI ADVERTISING AND PROMOTION

C. Tasks

1. Develop the Plumas Children and Families Commission Media and Marketing Committee by including area media, marketing, and public relations professionals.
2. Develop a more detailed action plan and timeline for all media and marketing activities, including a comprehensive media list and a prioritized list of implementation tasks.
3. Assign or contract with consultants to implement the media action plan.
4. Develop a plan for outreach to community, governmental, business and faith-based groups.
5. Visit the editor of Feather River Publishing in order to evaluate media opportunities.
6. Work specifically with the local ethnic media to communicate salient messages and themes.
7. Translate press releases, notices of public hearings, and other media messages into Spanish as appropriate.
8. Develop a group of writers and experts in child development, parenting, public health, pediatrics, early childhood education, child care, substance abuse, and related topics that can submit articles to newsletters, the Plumas Health Services Health Network web site, and newspapers.
9. Approach management of local media requesting regular outlets for Children and Families educational and information messages such as a regular parenting column, or a free calendar of child development and parenting events.
10. Explore partnering with parent educators and local businesses to develop a parenting radio show.
11. Further expand the Plumas County Public Health Agencies Website to include more parenting, health, child development, and other practical information for parents and providers of care.
12. Work with the State Commission and other County Commissions on linked websites, linked toll-free telephone numbers, and sharing of information and best practices.
13. Explore the development of a Children and Families Newsletter with the State Commission that could be adapted for use by each County Commission.
14. Develop multimedia presentations and a display for public meetings, gatherings, and community events.

A. Investment Plan

The funds entrusted to the Plumas County Children and Families Commission (PCCFC) are intended to produce measurable outcomes that better the lives of young children aged prenatal-to-five and their families. We anticipate that the money received from the tobacco tax will lessen as fewer people smoke. In contrast, the cost of program delivery will increase. The Children and Families First Act gives the Commission the opportunity to use funds as they are needed and to invest money in a way that ensures the long-term availability of funds to support service delivery. To that end, the Commission is in the process of refining investment criteria, a process for development of an investment strategy, and development of a comprehensive and successful investment strategy to offset the future erosion of available revenue due to decreased tobacco consumption and increased cost of program delivery. Draft investment criteria may be found in Appendix G.

B. Revenue Maximization

The Commission is committed to the development of a comprehensive revenue maximization strategy to fund services to children and families in Plumas County over the long-term. The revenue maximization plan's purposes include: (1) to develop a cross-agency revenue maximization strategy that can sustain PCCFC programs over the long-term, (2) to identify supplementary fiscal and staffing resources through available county, state, federal, foundation, corporate, and other funding sources, and (3) to promote a funding strategy that considers the need for a continuum of care for children of all ages and their families.

As part of the revenue maximization strategy the Commission will: (1) prioritize programs and fund accordingly, (2) use approximately 25% of Plumas County Children and Families Commission revenues to leverage other state and federal funds, whenever possible, (3) commit to saving the most flexible and unrestricted funds to pay for services that are not covered by any other funding stream, (4) reinvest savings from leveraged dollars to secure more services for families, and (5) conduct fiscal planning with strong interagency commitment and shared risk.

C. Systems Reform and Systems Integration

The California Children and Families Act recognize that integrating services—including childcare and early childhood education, health and wellness, parent education, and family support services—is critical to achieving lasting success. PCCFC seeks to promote the integration and coordination of existing early identification and prevention programs and to supplement service gaps as needed while avoiding duplication of services. Advocacy to expand existing federal, state, and county programs, and to ensure they are better integrated with the service delivery system for children prenatal to five is a critical aspect of our systems reform effort.

The Commission is committed to the Systems Reform and Systems Integration. With the goal of developing a comprehensive, integrated prevention system for families with children from prenatal to five that uses and builds upon existing systems of care in Plumas County.

As part of the revenue maximization strategy the Commission will: (1) develop ongoing coordination, communication, and linkages across systems, (2) identify and develop joint problem solving strategies for sustainable funding, (3) develop systems that ensure confidentiality of participant information, (4) strive to overcome gaps in linguistic and cultural understanding, and (5) develop strategies that match the geographic distribution of services to the geographic distribution of need.

D. Training Component

Implementation of the PCCFC's goals and objectives for achieving desired outcomes is dependent upon training and coordinating various systems so that all stakeholders have a shared vision and common language for the creation of a prevention system for families with children prenatal-to-five. Training is proposed with community-based organizations participating in PCCFC sponsored services and leverage efforts. Potential stakeholders include social workers, family advocates, nurses, developmental specialists, childcare providers, early childhood mental health specialists, case managers, drug and alcohol counselors, and hospital personnel.

D. Training Component - Cont'd

The PCCFC intends on utilizing an integrated RFP process to identify organizations capable of implementing required training. Training will be provided to: (1) enhance the quality of services provided, and (2) facilitate a common vision and language among service providers.

As part of the training strategy, the PCCFC will: (1) Educate all community-based, institutional and medical providers working with families with infants and young children (prenatal-to-five) about how to access prevention services through PCCFC, (2) develop a common language and framework among PCCFC staff for discussing prevention services across social systems for infants, young children and their families, and (3) promote partnerships for training between community-based entities and other trainers including community college.

A. Background

In order to implement the full program and support strategies, many people will be involved. The Commission intends to accomplish its work primarily through existing organizations and programs that will be given the resources to expand their programs and hire the staff they need to carry out the contracted work of implementation. However, whether functions are done by core staff or through contracting organizations, comprehensive training and strict accountability for all personnel will be crucial. The priority will be to maximize the resources spent on direct services that help children and families and minimize the money spent on administration and overhead.

B. Role of Commission

This proposed structure means that the core staff of the Plumas County Children and Families Commission must have uncommon abilities in coordination, collaboration, teamwork, and the leveraging of time and money. Their role will be to weave together the efforts of many people throughout the county who will be working to implement the vision and accomplish the goals.

C. Commission Priorities

The following priorities are proposed as vital to the administration, program development and implementation of the strategic plan. As the Commission's work develops and expands, several of these areas may require additional personnel. There may be some tasks that can be more efficiently and cost effectively accomplished through consultant contracts or by contracting with community based organizations or county departments. The use of volunteers and interns from local colleges, and programs such as CalWORKS can also supplement the paid staff.

- A diverse Commission
- Program coordination in areas such as childcare, parenting, and training
- Communications and outreach coordination
- Data tracking and evaluation coordination
- Office management

A. Background

The Commission has established funding categories to guide the allocation of resources to prioritized strategies presented in the Strategic Plan. The Commission's operating principles serve as the framework for all funding and investment decisions. The principles reflect the Commission's priorities to ensure program sustainability, to specify planned outcomes for all funded projects, to balance investments based on needs and strategies defined in the Strategic Plan and to leverage funding to maximize resources.

B. First Year Funding Priorities

In strategizing this funding allocation plan the Commission utilized the following priorities:

1. Funding for program management and coordination.
2. Funding for administration will be kept at a minimum.
3. Funding for programs will be distributed across program components and priorities. The Commission is committed to balance funding in the areas of family development, healthy children, and child development.
4. Funding will be allocated for community partnership grants and earmarked for matching grants. Approximately 75% of the total budget has been reserved for community grants.
5. Funds will help build capacity and infuse investments in community programs. The plan also reflects our desire to encourage creativity within the communities, schools, and cities in the county by making funds available through a request-for-proposal process.
6. Approximately 25% hold back for leveraging with state, federal, and foundations.

C. First Year Planned Funding Distribution

Proposed apportionment of funding will be developed and presented in the following chart. It is anticipated that funding for each category will not exceed the percentage presented. Actual expenditures may be less than the planned amounts presented.

STRATEGIC PLAN SECTION IX. RESOURCE ALLOCATION PLAN

C. First Year Planned Funding Distribution - Cont'd

This Funding Allocation Plan is based upon a projected funding availability of \$200,000. The allocation for Administration is set in accordance with the enabling agreement entitled "Memorandum of Understanding by and between the Plumas County Children and Families Commission and the County of Plumas." This is an estimate of the amount of money that will be available in the Children and Families Trust Fund on June 30, 2000.

This Plan allows for the expenditure of funds accumulated from program conception to the end of fiscal year 1999-2000. Any excess amount will be carried over into fiscal year 2000-2001. As a practical matter, unspent administrative funds will automatically be part of the reserves and will be available for expenditures in subsequent funding cycles.

Plumas County Children and Families - Resource Allocation Methodology									
<i>Note: All budget estimates should be considered general ranges subject to change based on actual leveraged funds and costs associated with start-up and implementation.</i>									
	Full Scale Program Cost Estimates					Year One Cost Estimates			
DESCRIPTION	Cost	% Total	Leveraged \$	Net Needed	Cost	% Total	Leveraged \$	Net Prop 10 \$	% Total
A. PROGRAM COMPONENT									
1. Improved Children Health									
2. Improved Family Functioning									
3. Improved Child Development									
4. Integrated Systems									
B. COMMUNITY GRANTS									
C. INFRASTRUCTURE SUPPORT									
1. Administration									
2. Training									
3. Tracking/Info. System									
4. Evaluation									
5. Media/Marketing									
6. Investment									
TOTALS									

C. First Year Planned Funding Distribution – Cont'd

After the experience of the first year funding cycle, adjustments may be made in the percentage allocated to each strategy area. It may be, for example, that infrastructure needs in the Integration of Services strategy area may not be as significant in the years following startup. The Commission will be expected to periodically review needs and service requirements and make recommendations for change as necessary. Contracts with service providers will be for the first year only and will only be renewed if recommended for continuance by the Commission.

D. Leveraging Funds to Maximize Resources

One of the Commission's top priorities is to leverage funding to maximize resources. One of the strategies for achieving this is through coordination. Coordination of services provided to children and their families is essential to ensure that appropriate services are provided and to prevent duplication of services. The Commission's priorities to stretch funds include the following:

- Research and assemble a resource base of other potential and current funding sources for early childhood development in order to identify gaps where Plumas County Children and Families Commission funding is most needed
- Devote some Plumas County Children and Families Commission funding to the development of blended funding strategies across programs and departments for better fiscal efficiency and sustainability over the long haul
- Use Plumas County Children and Families Commission funding to support those programs and activities for which no other resource can be used
- To the extent possible, use Plumas County Children and Families Commission funding to draw down state or federal matching funds or to attract private contributions (target 25% of annual budget)
- Plan to reinvest any savings generated by the investment of Plumas County Children and Families Commission funds in early childhood programs.

D. Leveraging Funds to Maximize Resources - Cont'd

As the Commission begins the process of deciding which specific organizations and programs to fund, they may find that the public or providers expect them, in the interest of equity, to make funding available equally across the possible range of geographic or demographic communities, public or non-profit providers, or program types. While such distributive considerations are important and will need to be addressed, to the extent possible they should come into play only after potential funding choices have been verified as effective in supporting the goals of the strategic plan.

A. Background

Evaluation is an important component of the strategic plan and of the Plumas County Children and Families Commission implementation process in Plumas County. Carefully identified and collected information on program implementation and program impact will allow service providers to demonstrate the effectiveness and efficiency of their programs to the Commission. This in turn will allow the Commission to demonstrate the effectiveness and efficiency of its planning and implementation efforts to its stakeholders including the general public. Equally important, an effective evaluation program provides critical information to help continually improve the Plumas County Children and Families Commission implementation process in Plumas County. This will allow the Commission to continually improve its efforts on an ongoing basis to better the health and well-being of children and families in Plumas County.

B. Evaluation Components

The evaluation program contains a number of components designed to obtain objective information about key aspects of program implementation and impact. The evaluation program will describe and measure the correlation between program and service design, program and service delivery and the goals, outcomes, and performance measures described in this Strategic Plan. The evaluation program provides a systematic manner in which to manage data collection and presentation in a timely and effective manner. The evaluation program depends upon data provided by the program or service provider and upon data obtained the Commission.

The evaluation is based upon the goals, outcomes, performance measures, and indicators outlined in the Strategic Plan. It will provide evidence of the impact of participation in supported programs using child and family outcomes described in the Plan. Specifically, it will provide evidence about the overall effectiveness and performance of the overall Plan and of its individual strategic elements. Further, it offers information about the magnitude of Commission-sponsored program impacts on child and family outcomes in terms that may be understood by the educated lay public, using reliable and valid outcome measures.

B. Evaluation Components - Cont'd

The evaluation program will measure program and service performance. Specifically, the evaluation will provide data on the quality and quantity of programs and services supported by the Commission. Measurement of program costs and benefits will be included. The evaluation program will be designed to function as an integral part of the Commission's program and will be the basis of such items as periodic reports to program personnel and key decision-makers, regular staff evaluation activities and annual evaluation reports to the Commission.

C. Tasks

A number of tasks will be performed in the refinement and implementation of a systematic evaluation program. These will include:

- Review of the preliminary action plan and timeline located in Appendix I
- Incorporation of evaluation activities into overall program implementation
- Assignment and training of staff to oversee evaluation activities and coordinate evaluation and program components
- Training of staff in data collection and evaluation methodology and procedures
- Establishment of regular reporting formats and schedules between staff, program and service providers and decision-makers.

Inclusion

Throughout this PCCFC Strategic Plan reference has been made to "inclusion" . The Commission agrees that inclusion is inherently throughout the process of decision making and service delivery. The PCCFC will engage diverse voices including underrepresented communities (such as: economically, culturally and linguistically diverse communities) to ensure that community members are involved. Community members include (but are not limited to) such individuals as recipients of service, community based organizations, faith-based organizations, neighborhood/family associations, school/parent associations, etc.

Using the evaluation process described in Section X, the Commission shall monitor what is working and not working to make appropriate revisions to goals, objectives, strategies, etc. As a result the goals of PCCFC that are set forth in the Strategic Plan will continually be examined. The PCCFC will consider changes in community needs and State initiatives. During the first year of the plan (7/2000 - 6/2001), the anticipated calendar of for reassessment is as follows:

Month	PCCFC Activities
July	Monitor implementation process.
August	
September	
October	
November	Commission provides feedback for plan revisions.
December	Same as above.
January	Begin revisions to plan.
February	Work on draft, revised, plan.
March	Finalize updated plan.
April	Public comment period regarding the updated plan.
May	Updated plan submitted to the Plumas County Board of Supervisors.
June	Updated plan submitted to the State.